NAME: J. NA IVY	55		ID#: _ 10	DA DA	TE: 01	128121
TRAINING DATE(S)): FROM: <u>0</u> }	1 <u>24</u> 1 <u>21</u> TO:_		/# H	IOURS:	0.25
COURSE TITLE:	NARCAN TO	YAW WE				
LOCATION OF TRA	AINING: _ 650	TPD				
TRAINING PROVID	ER: BSOTP	0	-			
INSTRUCTOR:	NA					
TYPE OF TRAINING	G or DEPART	MENT POLICY RE	EVIEW: (L	IST CHA	PTERS/	ropics)_
						45
MCOLES APPROV	ED COURSE:	☐ YES ☑ NO	MCOL	ES NUM	BER:	
INNER DEPARTME	ENT PROVIDE	D TRAINING ONL	_Y: ₾ \	ES [NO	
CERTIFICATE EAF	RNED: YI	ES 🕍 NO (IF YE		CH COP	Y OF CE	RTIFICATE)
☐ PRAC	TICAL EXERC	ISES LECTU	RE 🗌 V	IDEO RE	VIEW O	NLY
FIREARMS TRAIN	ING:					
WEAPON USED	CALIBER .	SERIAL NUMBE	ER QUA	LIFIED	COUR	SE TYPE
WEAPON USED	CALIBER	SERIAL NUMBE	ER QUA	ALIFIED	COUR	SE TYPE
WEAPON USED	CALIBER	SERIAL NUMBE	ER QUA	ALIFIED	COUR	SE TYPE
Officer Obtaining		Completing Form	// /	A	~	

TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

BSOT 1107

NAME: JWYS	5	ID#	: _169 DA	TE: 3 1/0 120
TRAINING DATE(S	s): FROM: <u></u>	1 10 1 25 TO: 3	1/8 120 #1	HOURS: 7.5
COURSE TITLE: _	DEFENSIVE	TACTICS		
LOCATION OF TR	AINING: BC	SD TRAING FACIL	174	
TRAINING PROVID	DER: Bosp			
INSTRUCTOR:	9. UNIK			
TYPE OF TRAININ	G or DEPART	MENT POLICY REVI	EW: (LIST CHA	PTERS/TOPICS)
USE OF F	SPCE, HAN	10 CUFFING		
		4		
MCOLES APPROV	ED COURSE	: ☼ YES □ NO	MCOLES NUM	BER:
INNER-DEPARTM	ENT PROVIDE	ED TRAINING ONLY:	☐ YES 🗹	NO
CERTIFICATE EAI	RNED: 🗌 Y	ES DNO (IF YES,		Y OF CERTIFICATE
PRAC	TICAL EXERC	CISES LECTURE	☐ VIDEO RE	VIEW ONLY
FIREARMS TRAIN	ING:	,		
WEAPON USED	CALIBER .	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
Officer Obtaining	Training / C	Completing Form: _		

COMPLETE FORM AFTER ALL TRAINING SESSIONS ATTACH <u>COPY</u> OF CERTIFICATE IF PROVIDED; TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

NAME:	5	ID#:	_/69 DAT	TE: 7 1/0 1/9
TRAINING DATE(S)	: FROM: <u>2</u>	1/01/9TO: Z	1/61 /9#H	OURS: <u>4</u>
COURSE TITLE:	FIREARMS			
LOCATION OF TRA	AINING:	UP BETZ		
TRAINING PROVID	ER: K. H.	AFFR		
INSTRUCTOR:				
TYPE OF TRAINING	G or DEPARTI	MENT POLICY REVIE	EW: (LIST CHAF	PTERS/TOPICS) _
DSE OF F	CRICE, FIRE	E ARMS		
MCOLES APPROV	ED COURSE:	YES NO M	MCOLES NUME	BER
INNER-DEPARTME	ENT PROVIDE	ED TRAINING ONLY:	YES 🗆	NO
CERTIFICATE EAF	RNED: Y	ES NO (IF YES,	ATTACH COPY	OF CERTIFICATE)
14		CHECK ALL THAT APPLY		
/		CISES LECTURE	☐ VIDEO RE	VIEW ONLY
FIREARMS TRAIN				
		SERIAL NUMBER	QUALIFIED	COURSE TYPE
GLOCK 17	9 mm	-	_	
	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
AR- 15	.223			
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
SHOTGUN	12 GA			
Officer Obtaining	g Training / (Completing Form:	Ana	
COMPLETE F TURN ORIGINAL INT	FORM AFTER ALL T O OFFICE OF THE C	RAINING SESSIONS - ATTACH HIEF FOR INCLUSION INTO THE	COPY OF CERTIFICATION OF ILE KEEP C	TE IF PROVIDED; OPY FOR YOUR RECORDS

NAME: J WYSS	5	ID#	109 DAT	TE: 3/14/19
TRAINING DATE(S)	: FROM: <u>3</u>	114 119 TO: 3	14 119 #H	OURS:
COURSE TITLE:	TASEZ 3	PET		
LOCATION OF TRA	INING:B	SO		
TRAINING PROVID	ER: BCS	0		
INSTRUCTOR: D	NER; Ada			
TYPE OF TRAINING	G or DEPART	MENT POLICY REVIE	EW: (LIST CHAF	PTERS/TOPICS) _
LESS LETH	AL - HAND	soul		
MCOLES APPROV	ED COURSE:	YES NO I	MCOLES NUME	BER:
		ED TRAINING ONLY:		
CERTIFICATE EAF	RNED: Y	ES MO (IF YES,	ATTACH COPY	Y OF CERTIFICATE)
XI) PRAC	TICAL EXER	CHECKALL THAT APPLY		VIEW ONLY
FIREARMS TRAIN		SIOLO DE LLOYONE	_ vibeo ite	WILL ONE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
		Completing Form:	COPY OF CERTIFICA	ATE IF PROVIDED:

TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

NAME: J. W	155	ID#	#: 109 DA	TE: 1 129/18
TRAINING DATE(S	S): FROM:/_	<i>1 4198</i> _то:	<u>//</u> # H	HOURS:/
COURSE TITLE: _	CREATING	DISTANCE IN	A DEADCY	STUATION
LOCATION OF TRA	AINING:	BETPO		
TRAINING PROVID	DER: Pour	e one		
INSTRUCTOR:				
TYPE OF TRAININ	IG or DEPART	MENT POLICY REVI	EW: (LIST CHA	PTERS/TOPICS)
rain di Cista		-4		•
MCOLES APPROV	ED COURSE	YES NO	MCOLES NUM	BER: 45412
		ED TRAINING ONLY:		
CERTIFICATE EAL	RNED: \(\Bar{\text{\tint{\text{\tint{\text{\tint{\tiliex{\text{\texi}}\\ \titt{\text{\text{\text{\text{\texi}\tint{\text{\texit{\text{\texi}\text{\texi}\text{\text{\texit{\texit{\texi}\tint{\tiint{\texit{\texitiex{\texit{\texi{\texi{\texi}\tint{\texit{\texi}\tet	ES NO (IF YES,		Y OF CERTIFICATE)
	TIOM EVED	CHECK ALL THAT APPLY		SALEMA ONLY
		CISES LECTURE	VIDEO RE	EVIEW ONLY
FIREARMS TRAIN	ING:			
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
7.62.31.72.38	-			
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
Officer Obtaining	g Training / C	Completing Form:	gm_	-
COMPLETE F TURN ORIGINAL INTO	ORM AFTER ALL TO OFFICE OF THE CO	RAINING SESSIONS ATTACH HIEF FOR INCLUSION INTO TR	COPY OF CERTIFICA AINING FILE/KEEP C	TE IF PROVIDED; OPY FOR YOUR RECORDS

NAME: J. WY	55	ID#	#: 169 DA	TE: 3 112 118
TRAINING DATE(S	S): FROM:	BI 12/18 TO: 3	112 118 #1	HOURS: _ 🎖_
COURSE TITLE: _	PET / TAS	EL RECERT		
LOCATION OF TR	AINING: 0	32 ANGLINGED	<u> </u>	
TRAINING PROVID	DER: _BCS	0		
INSTRUCTOR:				
TYPE OF TRAININ	IG or DEPART	MENT POLICY REVI	EW: (LIST CHA	PTERS/TOPICS)
LESS LETHA	c, use o	F Folce		
		: Ø YES □ NO		
INNER-DEPARTM	ENT PROVIDE	ED TRAINING ONLY:	☐ YES	NO
CERTIFICATE EAR	RNED: N	'ES NO (IF YES,		Y OF CERTIFICATE)
PRAC	TICAL EXER	CISES 1 LECTURE	☐ VIDEO RE	EVIEW ONLY
FIREARMS TRAIN		V		
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
		Completing Form:	m	
TURN ORIGINAL INTO	OFFICE OF THE C	RAINING SESSIONS – ATTACH HIEF FOR INCLUSION INTO TR	AINING FILE/KEEP C	OPY FOR YOUR RECORDS

NAME: J. WY	\$5	ID#	#: 169 DA	TE: 3 1/6 1/8		
TRAINING DATE(S	TRAINING DATE(S): FROM: 3 / 16 / 18 TO: 3 / 16 / 18 # HOURS: 4					
COURSE TITLE: _	COURSE TITLE: CPE FIRST AID / AED					
LOCATION OF TR	AINING: B	SOTPD				
TRAINING PROVID	DER: AME	EICAN HEAVET	ASSOCIATION	1		
INSTRUCTOR:		_	_			
TYPE OF TRAININ	IG or DEPART	MENT POLICY REVI	EW: (LIST CHA	PTERS/TOPICS) _		
FIRST A	D/ UFE	SAVING				
	(
MCOLES APPROV	ED COURSE	EXTYES NO	MCOLES NUM	BER		
INNER-DEPARTM	ENT PROVIDI	ED TRAINING ONLY:	YES 🗆	NO		
CERTIFICATE EAL	RNED: 🟚 Y	YES NO (IF YES,	ATTACH COP	Y OF CERTIFICATE)		
6-4		CHECK ALL THAT APPLY				
PRAC	CTICAL EXER	CISES LECTURE	☐ VIDEO RE	EVIEW ONLY		
FIREARMS TRAIN	ING:					
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE		
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE		
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE		
Officer Obtaining	g Training / C	Completing Form.	an			
		RAINING SESSIONS – ATTACH HIEF FOR INCLUSION INTO TR	COPY OF CERTIFICA AINING FILE/KEEP C	TE IF PROVIDED; OPY FOR YOUR RECORDS		

NAME: J. W	155	ID#	: 109 DA	TE: 7/10/18
TRAINING DATE(S	6): FROM: <u>7</u>	101 18TO:	/ / # H	HOURS:/
COURSE TITLE: _	CON TROLLIN	us the str	DATION	
LOCATION OF TRA	AINING: B	БОТРО		
TRAINING PROVID	DER:	ACE ONE		
INSTRUCTOR:				
TYPE OF TRAININ	G or DEPART	MENT POLICY REVI	EW: (LIST CHA	PTERS/TOPICS) _
MCOLES APPROV	ED COURSE	YES NO	MCOLES NUM	BE
INNER-DEPARTM	ENT PROVIDE	ED TRAINING ONLY:	YES 🗆	NO
CERTIFICATE EAR	RNED: Y	ES NO (IF YES,	ATTACH COP	Y OF CERTIFICATE
		CHECK ALL THAT APPLY	-14	
		CISES LECTURE	VIDEO RE	VIEW ONLY
FIREARMS TRAIN	ING:			
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
Officer Obtaining	g Training / C	Completing Form:	In	7
COMPLETE F	ORM AFTER ALL TI	RAINING SESSIONS – ATTACE, HIEF FOR INCLUSION INTO TR	COPY OF CERTIFICA AINING FILE/KEEP CO	TE IF PROVIDED; OPY FOR YOUR RECORDS

NAME: JIM WY	55	ID#	t: <u>/09</u> DA	TE: 9 1/9 1/8
TRAINING DATE(S): FROM: <u>9</u>	<u> 19 1 /8</u> TO: 9	1 <u>19 118</u> #H	HOURS: 3
COURSE TITLE: _	FIREARMS			
LOCATION OF TRA	AINING: <u>Ca</u>	nt BETZ		
TRAINING PROVID	DER: <u>K. 1141</u>	FE D		
INSTRUCTOR:				
TYPE OF TRAININ	G or DEPART	MENT POLICY REVI	EW: (LIST CHA	PTERS/TOPICS)_
FIREARNS, USC	OF FO	ect_		
MCOLES APPROV	ED COURSE	: ∰ ⁷ YES □ NO	MCOLES NUM	BER:
INNER-DEPARTM	ENT PROVIDE	ED TRAINING ONLY:	Ø YES □	NO
CERTIFICATE EAF	RNED: N	YES NO (IF YES,	ATTACH COP	Y OF CERTIFICATE
		CHECK ALL THAT APPLY		
PRAC	TICAL EXER	CISES LECTURE	☐ VIDEO RE	EVIEW ONLY
FIREARMS TRAIN	ING:			
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
GLOCK	9'M_		<u> 455</u>	
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
A2-15	2.56	-		
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
SHOTGUN	12GA		YES_	
Officer Obtaining	g Training / C	Completing Form: <u>(</u>	m	
COMPLETE FO	ORM AFTER ALL TI	RAINING SESSIONS ATTACH HIEF FOR INCLUSION INTO TR	COPY OF CERTIFICA	TE IF PROVIDED;

NAME: TAMES	N. WY 5 5	10	D#: <u>/09</u> D	DATE: < 1/8 1/8
TRAINING DATE	(S): FROM:	3 1/8 TO: 3	118 118 #	HOURS: 8
COURSE TITLE:	PCT, TAS	ER		
LOCATION OF TI	RAINING: B	SD TRAINING F	ACILITY	
TRAINING PROV	IDER: Bos	0		
INSTRUCTOR: _				
TYPE OF TRAINI	NG or DEPAR	TMENT POLICY REV	IEW: (LIST CH	APTERS/TOPICS)_
USE OF	FURCE, L	ESS LETHL	*	
		*1		
MCOLES APPRO	VED COURSE	YES NO	MCOLES NUM	MBER:
		ED TRAINING ONLY		
CERTIFICATE EA	RNED:	YES NO (IF YES	, ATTACH COP	Y OF CERTIFICATE)
		CHECK ALL THAT APPL	Y	
PRAC	CTICAL EXER	CISES LECTURE	□ VIDEO RI	EVIEW ONLY
FIREARMS TRAIN	IING:			
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
Officer Obtaining	Training / C	Completing Form:	300	

NAME: _ JAMES	V. W85)#: <u>/69</u> D	ATE: 3 1/6 1/8
TRAINING DATE	(S): FROM: 3	116118 TO: 3	116118#	HOURS:
COURSE TITLE:	CPR & FUE	ST AID	9	
LOCATION OF TR	RAINING:	८९७७८	1	
TRAINING PROV	IDER:			
INSTRUCTOR: _				
		TMENT POLICY REV	Parket And Carlotte	
CPR & FIRS	T AID			
				*
MCOLES APPRO	VED COURSE	YES NO	MCOLES NUM	BER:
		ED TRAINING ONLY:		
CERTIFICATE EA	RNED:	YES NO (IF YES		Y OF CERTIFICATE
PRAC	CTICAL EXER	CISES (1) LECTURE	VIDEO RE	EVIEW ONLY
FIREARMS TRAIN	IING:		3	
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
Officer Obtaining	g Training / C	Completing Form:		

COMPLETE FORM AFTER ALL TRAINING SESSIONS – ATTACH <u>COPY</u> OF CERTIFICATE IF PROVIDED; TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

NAME: WY35		ID	#: <u>/09</u> D/	ATE: 3 1 6 117
TRAINING DATE(S): FROM:	3 / 6 / 17 TO: 3	16117#	HOURS: 8
COURSE TITLE:	PPCT / -	TASER		
	/	D STONER TRAIN	WG CENTIER	
TRAINING PROVI	DER: BCS	>		
INSTRUCTOR:	VONKOENKA /	MisTiC		
TYPE OF TRAININ	NG or DEPART	MENT POLICY REVI	EW: (LIST CHA	APTERS/TOPICS)
MCOLES APPRO	VED COURSE	: YES NO	MCOLES NUM	BER:
INNER-DEPARTM	ENT PROVID	ED TRAINING ONLY:	☐ YES []	NO
CERTIFICATE EA	RNED:	ES NO (IF YES,	ATTACH COP	Y OF CERTIFICATE
		CHECK ALL THAT APPLY		
PRAC	CTICAL EXER	CISES DECTURE	VIDEO RE	EVIEW ONLY
FIREARMS TRAIN	IING:			
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
Officer Obtaining	g Training / C	Completing Form:	Am	2
COMPLETE FO	ORM AFTER ALL TR	AINING SESSIONS – ATTACH	OF CERTIFICATION OF CER	TE IF PROVIDED; OPY FOR YOUR RECORDS

NAME: WYSS		ID:	#: <u>109</u> D/	ATE: 3/3/16
		12116 то: 3		
COURSE TITLE:	oc spea	Y -LESS LETH	AL	
LOCATION OF TR	RAINING:	SOTPD		
TRAINING PROVI	DER: Bos	0		_
INSTRUCTOR:	Dopp, K	VAC		
TYPE OF TRAININ	NG or DEPART	MENT POLICY REVI	EW: (LIST CHA	APTERS/TOPICS)_
LESS LETHAL	- USE C	FORCE		
				*
MCOLES APPROV	VED COURSE	: ☑ YES □ NO	MCOLES NUM	BER:
INNER-DEPARTM	ENT PROVID	ED TRAINING ONLY:	☑ YES □	NO
	3	CHECK ALL THAT APPLY		
図 PRAC	CTICAL EXER	CISES MILECTURE	VIDEO RE	EVIEW ONLY
FIREARMS TRAIN	IING:			
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
Officer Obtaining	g Training / C	Completing Form: _		

COMPLETE FORM AFTER ALL TRAINING SESSIONS – ATTACH <u>COPY</u> OF CERTIFICATE IF PROVIDED; TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

NAME: WYSS 5	AMES N.	IDa	#: <u>109</u> DA	ATE: 3 12 116
TRAINING DATE(S): FROM: 🅭	12/16 TO: 3	12/16#1	HOURS: 8
COURSE TITLE: _	TASER LE	SS LETHAL		
LOCATION OF TR	AINING: B	50790		
TRAINING PROVI	DER: BOS)		
INSTRUCTOR:	DODD KO	V AC		
TYPE OF TRAININ	G or DEPART	MENT POLICY REVI	EW: (LIST CHA	APTERS/TOPICS)
USE OF FOR	LE LESS LE	THAL		
		*		
MCOLES APPROV	/ED COURSE	: ☐ YES ☐ NO	MCOLES NUM	BER:
INNER-DEPARTM	ENT PROVID	ED TRAINING ONLY:	☐ YES 🗹	NO
CERTIFICATE EA	RNED: 🔯 \	PES NO (IF YES,		Y OF CERTIFICATE
) PRAC	TICAL EXER	CISES 🂢 LECTURE	VIDEO RE	EVIEW ONLY
FIREARMS TRAIN	ING:	, , , , , , , , , , , , , , , , , , , ,		
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
Officer Obtaining	Training / C	Completing Form:		

COMPLETE FORM AFTER ALL TRAINING SESSIONS ATTACH COPY OF CERTIFICATE IF PROVIDED; TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS



TASER Conducted Electrical Weapon TASER Certified End User Certificate

JAMES WYSS

This certifies that the above named individual James Wyss has completed the training required and has passed a written examination in the use of the TASER X2 conducted Electrical Weapon. By accepting this User Certificate, the Student accepts the terms of the TASER Training Materials License Agreement, incorporated herein by reference, and agrees to be bound by its terms as a Licensee of TASER International, Inc. This certification must be renewed annually.

nstructor:	Ian Dodd	Date 03-02-16
non actor.	Tun Duu	Duic 05-02-10

NAME:WYSS		ID#	t: <u>109</u> DA	ATE: <u>3 /11 /16</u>		
TRAINING DATE(S	「RAINING DATE(S): FROM: <u>→ / 11 / 16</u> TO: <u>→ / 11 / 16</u> # HOURS: <u>→</u>					
COURSE TITLE: NARCAM TRANSNIG						
LOCATION OF TR	AINING: <u>৪%</u>	<u> 1790</u>				
TRAINING PROVID	DER: CREAND	RAPIDS PED PREZ	124:N			
INSTRUCTOR:	STEVE ALSO	ΔΔ				
TYPE OF TRAININ	IG or DEPART	MENT POLICY REVIE	EW: (LIST CHA	PTERS/TOPICS)		
-						
		4				
MCOLES APPROV	/ED COURSE:	☐ YES ☒ NO	MCOLES NUM	BER:		
INNER-DEPARTM	ENT PROVIDE	ED TRAINING ONLY:	☐ YES ☑	NO		
CERTIFICATE EA	RNED: Y	ES NO (IF YES,	ATTACH COP	Y OF CERTIFICATE		
		CHECK ALL THAT APPLY				
☐ PRAC	TICAL EXERC	CISES LECTURE	☐ VIDEO RE	EVIEW ONLY		
FIREARMS TRAIN	ING:					
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE		
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE		
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE		
Officer Obtaining Training / Completing Form:						

COMPLETE FORM AFTER ALL TRAINING SESSIONS ATTACH <u>COPY</u> OF CERTIFICATE IF PROVIDED; TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

BSOT 1138

NAME: WYSS			D#: <u>109</u> [DATE: / _1// 1/6
TRAINING DATE(S): FROM:	<u>/ </u>	111 116 #	HOURS: 1.5
COURSE TITLE:	CPR			ia .
LOCATION OF TR	AINING:	3507PO	8	* 1
TRAINING PROVI	DER: Aneu	CAN HEART ASON_		
INSTRUCTOR:	RODRIGUE			
TYPE OF TRAININ	IG or DEPAR	TMENT POLICY REV	IEW: (LIST CH	APTERS/TOPICS)
2:	3 n	8	0	.el
MCOLES APPROV	ED COURSE	: TYES Z NO	MCOLES NUM	1BER:
INNER-DEPARTMI	ENT PROVIDI	ED TRAINING ONLY:	☐ YES 🖄	NO
CERTIFICATE EAF	RNED: N	YES NO (IF YES,	ATTACH COP	Y OF CERTIFICATE)
	1	CHECK ALL THAT APPLY	<i>(</i>	
PRAC	TICAL EXERC	CISES D LECTURE	☐ VIDEO RE	EVIEW ONLY
FIREARMS TRAINI	NG:	e y e		
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
VEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
Officer Obtaining	Training / Co	ompleting Form:		

COMPLETE FORM AFTER ALL TRAINING SESSIONS – ATTACH $\underline{\text{COPY}}$ OF CERTIFICATE IF PROVIDED; TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

NAME: WYSS /	04		D#: 109 D	ATE: 6 13 115
TRAINING DATE	(S): FROM:	5 1 3 1 15 TO:	613115#	HOURS: 3
COURSE TITLE:	LESS LETIN	4C		
LOCATION OF TH	RAINING:	BSOTPO		
TRAINING PROV	IDER:B	CSO	-	
INSTRUCTOR: _	DAN JE	WELL		2-1-1-
TYPE OF TRAINI	NG or DEPAR	TMENT POLICY REV	IEW: (LIST CH	APTERS/TOPICS)
LESS LETHAL	TRAWING			
MCOLES APPRO	VED COURSE	E: YES NO	MCOLES NUM	BER:
INNER-DEPARTM	ENT PROVID	ED TRAINING ONLY	YES [NO
CERTIFICATE EA	RNED:	YES NO (IF YES	, ATTACH COP	Y OF CERTIFICATE
		CHECK ALL THAT APPL	Y	
PRAC	CTICAL EXER	CISES LECTURE	□ VIDEO RE	EVIEW ONLY
FIREARMS TRAIN	IING:		i,t	
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
WEAPON USED	CALIBER	SERIAL NUMBER	QUALIFIED	COURSE TYPE
Officer Obtaining	Training / C	Completing Form: _(An	_
COMPLETE FO TURN ORIGINAL INTO	ORM AFTER ALL TR	AINING SESSIONS ATTACH	OPY OF CERTIFICAT	TE IF PROVIDED; DPY FOR YOUR RECORDS

Berrien County Sheriff's Office

L.Paul Bailey, Sheriff

BASIC LESS-LETHAL SHOTGUN OPERATOR

THIS CERTIFICATE IS PRESENTED TO

Jim Wyss

Completion Date:	06/03/2015
compiction butc.	00/02/2012

This is to certify that the above has satisfactorily completed the 3 hr. Basic Less-Lethal Shotgun Course. This course is designed to provide the student with the fundamental operating skills, decision making process and legal considerations specific to the use of the Defense Technologies© 23DS bean bag projectile. This course also follows the policy and procedure chpt. 5 sec. 4b under the Berrien County Sheriff's Office which requires annual re-certification.

Instructor: Lt. Dan Jewell BCSO / Instructor Cert. exp. 12/31/2015

Berrien County Sheriff Office 919 Port Street St. Joseph, MI 49085 269-983-7141





NAME: WYSS	-	10	D#: 109 D	ATE: 6 10 115
TRAINING DATE	(S): FROM:(6 1 2 115 TO: 6	12115#	HOURS: 6
COURSE TITLE:	LEGAL U	DOATE		
LOCATION OF T	RAINING: V	BISD CONFEREN	ICE CENTER	3
TRAINING PROV	IDER: WM	TC		
INSTRUCTOR: _	GRE-IDANU	5		
TYPE OF TRAINI	NG or DEPAR	TMENT POLICY REV	IEW: (LIST CH/	APTERS/TOPICS)
MCOLES APPRO	VED COURSE	E: A YES NO	MCOLES NUM	BER:
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CERTIFICATE EA	RNED:	YES NO (IF YES,	, ATTACH COP	Y OF CERTIFICATE
		CHECK ALL THAT APPLY		
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Officer Obtaining	g Training / C	Completing Form: _		7
COMPLETE FO	ORM AFTER ALL TE	AINING SESSIONS - ATTACH	COPY OF CERTIFICA	TE IF PROVIDED;

TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

NAME: WYSS			D#: <u>/ø</u> 9 [DATE: 4/132/15		
TRAINING DATE	(S): FROM:	4 1 22 1 15 TO: 4	1 122 1 15 #	HOURS: 7		
COURSE TITLE:	MENTAL HE	ALTH FIRST AID				
LOCATION OF T	RAINING:	SOTPD				
TRAINING PROV	IDER: RIVE	EENIOP				
INSTRUCTOR:						
TYPE OF TRAINI	NG or DEPAR	TMENT POLICY REV	/IEW: (LIST CH	APTERS/TOPICS)		
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CERTIFICATE EA	RNED:	YES NO (IF YES	S, ATTACH COF	Y OF CERTIFICATE)		
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Officer Obtaining	Training / C	Completing Form: _				

COMPLETE FORM AFTER ALL TRAINING SESSIONS ATTACH COPY OF CERTIFICATE IF PROVIDED; TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

Mental Health First Aid USA



Certificate

James Wyss

has completed the 8-hour course and is now certified in

Mental Health First Aid USA

And has been trained to provide initial help to people experiencing mental health problems such as depression, anxiety disorders, psychosis and substance use disorders.

This certification became effective on:

April 22, 2015

Date

This certification expires on:

April 22, 2018

Date

Instructor

Instructor



MISSOURI DEPARTMENT OF MENTAL HEALTH

Mental Health First Aid USA is coordinated by the National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health.



NAME: 1455		ID	#: <u>/o 9</u> D	ATE: 10 16 14		
TRAINING DATE(S): FROM: <u>/Ψ / /6 / /4</u> TO: <u>(Φ / /6 / /4</u> # HOURS:/						
COURSE TITLE:	LEGAL UI	PDATE GREEN	LIGHT			
LOCATION OF TRAINING: 8507120						
TRAINING PROVI	DER:	TPD				
INSTRUCTOR:						
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Officer Obtaining Training / Completing Form:						

COMPLETE FORM AFTER ALL TRAINING SESSIONS – ATTACH $\underline{\text{COPY}}$ OF CERTIFICATE IF PROVIDED; TURN ORIGINAL INTO OFFICE OF THE CHIEF FOR INCLUSION INTO TRAINING FILE/KEEP COPY FOR YOUR RECORDS

NAME: Jim WY	\$5	ID	#: <u>109</u> D	ATE: 9 1/7 1/4
TRAINING DATE(s): FROM: <u>9</u>	1/7 114 TO: 9	117 114 #	HOURS: 9.5
COURSE TITLE:	CAR 3 AC	=0		
LOCATION OF TR	RAINING: _B	SOTPID		
TRAINING PROVI	DER: LAKE	24ND		
INSTRUCTOR:	MICHAEL L	Pushlow		
TYPE OF TRAININ	NG or DEPAR	TMENT POLICY REV	IEW: (LIST CHA	APTERS/TOPICS) _
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Officer Obtaining	Training / (Completing Form	m.	109
COMPLETE FO	ORM AFTER ALL TE	RAINING SESSIONS ATTACH	COPY OF CERTIFICA AINING FILE/KEEP C	TE IF PROVIDED; OPY FOR YOUR RECORDS

NAME: WYSS /	09	IC)#: <u>109</u> D	ATE: 3 120 114
TRAINING DATE(S): FROM: <u>3</u>	120 114 TO: 3	126 114 #	HOURS: 8
COURSE TITLE:	LEGAL UPDA	18		
LOCATION OF TR	RAINING: <u>u</u>	ICENCE		
TRAINING PROVI	DER: WESTER	U MI POLICE TRYWING		
INSTRUCTOR: _B	AVE GREY DA	AIUS_		
TYPE OF TRAININ	NG or DEPART	MENT POLICY REV	IEW: (LIST CHA	APTERS/TOPICS)
LEGAL UPDATE				
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INNER-DEPARTM	ENT PROVID	ED TRAINING ONLY	: YES	NO
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Officer Obtaining	g Training / C	Completing Form:		Jim WY 55
COMPLETE F	ORM AFTER ALL TE	RAINING SESSIONS – ATTACH	I COPY OF CERTIFICA RAINING FILE/KEEP C	TE IF PROVIDED; OPY FOR YOUR RECORDS